

RECEIVED
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

TALIV ALI

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

THE STATE OF NEW YORK

PATRICIA A. WILLIAMS

SUSAN CALVELLO

RICHARD STOLL

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT
(Prisoner)

Do you want a jury trial?
 Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

MINISTER TALIV ALI
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

94A8303

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

WENDE CORRECTIONAL FACILITY

Current Place of Detention

WENDE ROAD P.O. Box- 1187

Institutional Address

ALDEN ALDEN N.Y. 14004
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>PATRICIA</u>	<u>WILLIAMS</u>	
First Name	Last Name	Shield #
<u>JUDGE</u>		
Current Job Title (or other identifying information)		
<u>111 Centre St. Supreme Court</u>		
Current Work Address		
<u>MANHATTAN</u>	<u>NEW YORK</u>	<u>10013</u>
County, City	State	Zip Code

Defendant 2:

<u>RICHARD</u>	<u>STOLL</u>	
First Name	Last Name	Shield #
<u>PROSECUTOR</u>		
Current Job Title (or other identifying information)		

Current Work Address

Defendant 3:

County, City	State	Zip Code
<u>SUSAN</u>	<u>CALVELLO</u>	
First Name	Last Name	Shield #
<u>COUNSEL 18-B</u>		
Current Job Title (or other identifying information)		

Current Work Address

Defendant 4:

County, City	State	Zip Code
First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: # SUPREME COURT OF 111 CENTER St.

Date(s) of occurrence: OCTOBER 4th- 6th of 1994

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Petitioner had a case of Indictment # 3043 /94 of two counts of Armed Robbery, upon which Petitioner was deprived of his First Amend. to address the Court with his grievance under the Sixth & Fourteenth Amends.

Now all the transcripts are gone. As well as to the evidence that was read during recess of the Jurors

See due to the defendants to suppress a BIG BLACK GARBAGE BAG FULL OF EVIDENCE Was suppressed. Because none of the witnesses mentioned a garbage on a dolly. Petitioner was unable to take the STAND as well as to go Pro-Se. Because the police sprint call was never presented to me nor Counsel.

The People had missed a witness that was a Co-Worker that was walking home with a Victim, Lisa Curtin So being apprehended at the scene a minute away from the crime with only one witness Lisa Curtin. There was no other witness, since the [Police] said that I was being chased by pedestrians, when they let the prep run right pass them, while they were suppose to be canvass the area for a identified perpetrator. Being apprehended

' a minute away from the crime scene without [a]ny possessions of the stolen properties from Both victims?' And then sign a confession with three names, with Taliv Ali Somebody signed those three names because on the Finger print, I signed none until Central Booking. They, the Police Altered the prints without penmanship artist

The Police found two other people to come to trial and give a testimony that I was chased, having an Alleged knife in view, they gave chase. Counsel said nothing

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

As to being incarcerated, I lost my mind. in Prison, been Sodomized by the department of correctional services received a broken left wrist and Ribs still out of place.

A broken nose. Preach proverty with no financial support from family members because I was sodomized by D.O.C.S. toward unlawful imprisonment of 17 yrs. S.H.U.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Under 42 USCA § 1983 I wish to have a jury trial, in order to weigh ^{what} I am entitled to. And to obtain the transcripts of the Nisi Prius. To release me from Parole violation. Get Petitioner a house because this has happened since 1994 The State would not grant me, Petitioner a hearing nor the trial transcripts under 42 USCA § 1997(e)(e) 5 USCA § 552 [b] for Freedom of Information. I am penniless.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

February 2nd of 2021

Dated

Minister

First Name

Talir

Middle Initial

Plaintiff's Signature

Ali

Last Name

Wende Corr Fac P.O. Box 1187

Prison Address

Alden

County, City

New York,

14004

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

2/2/21

WENDE CORRECTIONAL FACILITY

Wende Rd., P.O. Box 1187
Alden, New York 14004-1187

NAME: Taliv Ali

DIN: 94A8303

B-9-7

WENDE

NEOPOST FIRST-CLASS MAIL
02/02/2021
US POSTAGE \$000.71

RECEIVED
SDNY PRO SE OFFICE

CORRECTIONAL FACILITY
MAIL ROOM

ZIP 14004
04M11281621

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL Street
New York, N.Y. 10007

1 OCTOBER 2020 2024 *[Handwritten signature]*

see Pro Se

10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020

10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020 10-2-2020

N/A